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LISTA	•
Date	•

HONORARIUM REQUEST FORM

For prompt payment, please make request for honorarium 2 weeks prior to event

Name of Guest:	
Social Security Number:	_ Email:
Address:	
City:	State/Zip:
will include a temporary User ID and Password that prompt the foreign visitor to answer a series of quest	an email will be sent to the foreign visitor. The email will allow access to the GLACIER system. GLACIER will tions. Once completed, GLACIER will generate forms and tion process. IN addition, GLACIER will identify whether me tax withholding.
For office use only:	
Is the speaker a UC Employee? 🔲 YES 🔲 N	O Home Campus:
Event dates: / /	to / /
Event Name:	
Amount of honorarium to be paid: \$	(Maximum payment is \$1,500.00)
Name of Account to be used:	
Account number: 8	
Name of Host:	
Host Signature:	Date:

Please note the honorarium check will be mailed to the guest's address provided above.